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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Myanmar

The Executive Director recommends that the Executive Board approve the country programme of Myanmar for the period 1991-1995 in the amount of $25,000,000 from general resources, subject to the availability of funds, and $15,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Though richly endowed with natural, human and cultural resources, during the past half decade Myanmar has experienced economic decline and political instability, which have led to a deterioration in most facets of the lives of children and women. Even where progress has been made, it has seldom kept pace with population growth, which has remained at 2 per cent over the past 40 years. At the current rate, the population of 40 million would double in 35 years. The actual demographic trend will be determined largely by current policies and interventions.

2. In 1987, Myanmar was designated a least developed country. Its deep-seated economic problems - the result of policy shortcomings, decades of central planning and widespread controls - were exacerbated when most bilateral aid was suspended following the disturbances of mid-1988. Per capita income and essential imports have fallen, while high inflation has led to widening disparities. The transition to a more open, market-oriented economic system since 1989 has been slow, and lacks a comprehensive adjustment strategy. The pace and scale of social sector development are currently constrained by the lack of foreign exchange for essential imports.

3. The current Government, the State Law and Order Restoration Council, took power in September 1988 after the 26-year reign of the Burma Socialist Programme Party. The Council, as an interim Government, has given itself a limited set of tasks to complete, one of which was organizing the multi-party election of May 1990 in which the National League for Democracy won over 80 per cent of the seats in parliament. However, considerable political uncertainty and tension followed the election, when the transfer of power was deferred pending the formulation and adoption of a new constitution. As of November 1990, no timetable had been set for its completion.

4. Estimates of infant mortality range between 62 and 90 per 1,000 live births and under-five mortality between 83 and 150 per 1,000 live births, according to different sources. One half of young child mortality is due to several diseases: pneumonia; diarrhoea; tetanus; vaccine-preventable diseases; and malaria. Four major predisposing factors underlie this mortality:

(a) Low birth weight (29 per cent of all births), the result of habitually inadequate maternal food intake, smoke inhalation, hard physical labour during the third trimester of pregnancy and small stature;

(b) Malnutrition in children under three years old, the result of repeated episodes of infection and infestation, in combination with parental ignorance about proper feeding and disease prevention and management and, to a lesser extent, poor availability of food, low purchasing power and inadequate nutrient content of food. While breast-feeding frequency is high and its duration long, this wholesome practice is now threatened by modernization and import liberalization. Protein-energy malnutrition often occurs in

conjunction with other nutrient deficiency diseases such as vitamin A deficiency (around 1 per cent of children under five years old) and anaemia (15 to 45 per cent of children under five years old). In addition, about one half of the deaf-mutism among children is reported to be caused by iodine deficiency, and an unknown number suffer from irreversible cretinism. An estimated 6,000 babies are born with hypothyroidism each year and are at high risk for mental subnormality;

(c) A chronic lack of essential drugs throughout the health care system and the market place. Only about 10 per cent of basic needs are met;

(d) Too many children, too closely spaced, are born to mothers who are too young or too old, and thus are at higher risk than others. This problem is at least in part due to the absence of a clearly defined population policy. Contraceptive prevalence is around 10 per cent.

5. Life expectancy at birth is around 58 years, but the life expectancy of a child who has survived to five years of age is around 65 years. Maternal mortality is underreported at 123 per 100,000 live births and considerable regional disparities exist. The high abortion rate, estimated at 80 per 1,000 live births, continues in spite of a policy that prohibits termination of pregnancy for other than medical reasons. Other causes of maternal deaths include haemorrhage, anaemia and other complications of pregnancy. Many other health problems are prevalent, including leprosy, dengue fever and tuberculosis. Infection with the human immunodeficiency virus (HIV) deserves special mention because of its sudden sharp rise among intravenous drug users and other high-risk groups.

6. The widespread basic health care infrastructure remains underutilized, mostly as a result of shortages of essential medical supplies, management problems and the lack of demand-creation efforts. Many support systems need upgrading, including training, logistics and warehousing, data collection and statistics, national and subnational planning, remuneration and rewards. Problems of supply distribution and staff supervision have been exacerbated by the recent increase in petrol prices and further petrol rationing.

7. The rates of water supply and sanitation coverage in rural areas are estimated at 30 per cent. Urban water supplies are largely untreated owing to the lack of chemicals. There is a high incidence of water-related diseases, including diarrhoea, hepatitis and typhoid, providing a public health justification for larger investment. Productivity benefits of village water supplies in terms of reduced time and effort in water fetching, done mostly by women and children, provide an equally strong justification for increased water coverage. In addition, village water supplies may help to keep rural-to-urban migration down to their current low levels.

8. Early childhood development activities, mostly in urban areas and catering to about 50,000 children under the age of five years and run by volunteers, are limited to about 650 day-care centres. On the other hand, the primary school network is widespread, with an average of one school for two

villages. While primary school teachers are generally qualified and dedicated, their teaching skills suffer from the absence of pre-service teacher training. Moreover, serious problems exist with regard to enrolment, since around 33 per cent of young children never enrol, and fewer than 30 per cent of those who do complete grade 4. Only 1 in 10 children completes primary school in the allotted five years. The causes of this inefficiency are complex, interrelated and not well understood. While limited survey data suggest that poverty is the principal determinant, it is believed that this conceals other significant factors, such as dissatisfaction with the quality and relevance of education. In addition, a rigid annual pass-or-fail examination system results in high repeater rates, labelling a child a failure early on and leading to further demotivation. Meanwhile, although the literacy rate is still reported to be around 75 per cent, many of the 2.4 million neoliterates who had benefited from a national literacy campaign initiated in 1967 are estimated to have reverted to illiteracy because of the absence of literacy maintenance programmes.

9. Information and communication media are under State control and are now beginning to be used for the systematic dissemination of priority messages on child-related topics. There are hardly any local non-governmental organizations (NGOs), but the large number of front-line workers and volunteers with regular household contacts form an important potential resource that has yet to be utilized systematically through the professionalization of research, communication, training and supervision approaches.

10. A review of current Myanmar legislation shows that virtually all rights recognized in the Convention on the Rights of the Child are reflected in existing legal enactments. The Government has indicated that ratification of the Convention is under process. It is notable that gender disparity does not appear to be a problem. However, while the actual situation of children in difficult circumstances is not known with any precision, there is evidence that their situation is deteriorating, particularly among working children, who are often out of school. Even less is known about the situation of children in the border areas, which have been inaccessible to service delivery for almost three decades because of security reasons. Recently, however, the Government has invited the United Nations development system to explore ways to help extend social and economic development services to those areas.

PROGRAMME COOPERATION, 1987-1990

11. For the past four-year programme of cooperation, the Executive Board approved $32.5 million - $20 million from general resources and $12.5 million for supplementary-funded projects. Expenditures during the same period were estimated at $19.5 million from general resources and $9.5 million from supplementary funds. Reimbursable procurement on behalf of the Government amounted to $2.5 million. Notable gains were made in the fields of health and nutrition, and water supply and sanitation, while activities in education and communication remained limited in scope and impact.

Health and nutrition

12. It is estimated that during the period 1987-1990, universal child immunization (UCI) averted over 60,000 deaths of young children, more than 5,300 poliomyelitis cases and some 2.4 million episodes of vaccine-preventable diseases. This represents more than 35 per cent of vaccine-preventable mortality and morbidity among young children. At the beginning of the present country programme cycle, the ambitious objective of UCI was to cover all children in the country by 1990. This did not take into account, however, the difficulties involved in implementing UCI in the 109 townships situated along the borders, where security problems and inhospitable terrain are major constraints. Despite these constraints and the interruptions caused by the turmoil of 1988, UCI is expected to be achieved in the remaining 209 townships, in which almost 80 per cent of the country's population live.

13. UNICEF provided all vaccines (except some locally produced tetanus toxoid), steam sterilizers, cold-chain equipment (including cold rooms in Yangon and Mandalay), funds for training of vaccinators and supervisors, transportation of vaccines and operational expenses at township and village levels. UNICEF also provided consultancy services to improve the logistics operation in support of UCI and other health services. Although Rotary International does not have an organization in Myanmar, it pledged $1,200,000 for the procurement of 19.5 million doses of oral poliomyelitis vaccine for the period 1990 to 1995 under its PolioPlus programme.

14. Diarrhoea management strategy is based primarily on the distribution of oral rehydration salts (ORS). UNICEF supported the local production of ORS by providing raw materials and machinery. On average during the period 1987-1990, 2.6 million sachets were produced per year, almost sufficient to manage the estimated 1.4 million severe diarrhoea episodes in children under five years old.

15. The rural primary health care (PHC) project trained a total of 4,400 auxiliary midwives, against a target of 8,000. To equip these auxiliary midwives, UNICEF provided over 4,000 midwifery kits between 1987 and 1990. Redd Barna, the Oxford Famine Relief Campaign and Save the Children Fund (SCF) United Kingdom assisted in training and equipping over 850 additional auxiliary midwives. These basic health workers, totaling 13,700 who work together with over 8,000 midwives, now provide maternal and child health services to 36 per cent of the 65,000 villages in Myanmar.

16. The UNICEF/World Health Organization (WHO) joint nutrition support programme (JNSP) was successful in scaling up growth monitoring with promotion and nutrition counseling, and food supplementation was confined to rehabilitative interventions. Weighing is carried out monthly for infants and quarterly for toddlers by some 6,300 midwives and 11,600 auxiliary midwives. The programme provided services to 150,000 pregnant women at any given time and it is estimated also to cover around 860,000 children under three years old per year. A 1989 impact evaluation found a 50 per cent reduction in

malnutrition among infants under six months old, but no significant improvement in older age-groups. In view of the economic decline, this represents a positive programme effect. During the same period, non-programme villages registered an increase in malnutrition rates.

17. Salt iodation activities, discontinued since 1976, were reactivated during 1987-1990. Iodation was, however, limited to the salt produced by the Government-owned Salt Industry Corporation, and thus covered only 25 per cent of the total salt consumed. To complement salt iodation activities, iodized oil injections were administered to 562,000 persons in the target population (both sexes under 14 years old and females 14 to 45 years old), and iodized oil capsules were given to another 638,000 persons. Recent studies have shown iodine deficiency disorders (IDD) to be prevalent in the lowland and coastal areas, and plans are now under way for the iodation of all salt for human consumption.

18. Following the disturbances in 1988, UNICEF and the International Committee of the Red Cross (ICRC), with the assistance of the Myanmar Red Cross, distributed 105 metric tons of emergency medical supplies valued at $991,000 to 53 hospitals and 43 clinics, and an additional $1,439,000 worth of antibiotics to 566 hospitals throughout the country. UNICEF financed this operation by diverting general resources ($600,000) and with special funds made available by Germany, New Zealand, the United Kingdom of Great Britain and Northern Ireland and the United States of America, by Rissho Kosei Kai, a Japanese NGO, and by ICRC. Moreover, food assistance worth over $1 million was provided to 78,500 poor households during the peak of the disturbances when many families were unable to earn their daily income. A special non-governmental inter-faith committee was created to carry out the relief operations.

Water supply and environmental sanitation

19. Coverage of the rural population with safe water increased from 27 per cent in 1987 to 30 per cent in 1990, owing mainly to the support of UNICEF, from both its general resources and supplementary funds received from the European Community. Other external assistance during this period came from Australia, which supported a major water supply project for villages around Pagan. The project, however, has been suspended since the end of 1988. UNICEF, with the support of the Netherlands National Committee, also assisted in creating a capacity for the local manufacture of shallow tubewell hand-pumps at the workshop of the Rural Water Supply Division. UNICEF supported the construction of 568,500 family latrines benefiting some 3.4 million people in rural areas, as well as the construction of latrines in 1,192 schools, 542 voluntary day-care centres and 224 rural health centres and hospitals.

Education and child-care services

20. UNICEF financial commitment to the physical improvement of primary schools was fulfilled, but, because of the high level of financial contributions required from the community, only 173 of the original target

number of 400 schools were improved. UNICEF assistance for the strengthening of teacher-training capacity remained limited to office equipment and textbook materials.

21. Volunteer-staffed day-care centres and pre-primary schools were unable to meet the extensive demand for these services among the community. Nor did the type of assistance UNICEF provided for the day-care centres result in significant improvement in the quality of services for the children or parents. A positive development, however, was that the volunteer-staffed nurseries for younger children began to introduce health and nutrition topics for parents.

Lessons learned

22. The high drop-out rates in UCI and the low demand for iodated salt showed that without additional inputs to inform, explain, motivate and create demand, the extensive health, nutrition and education infrastructures already in place will remain under-utilized. Behavior change objectives in projects must be made explicit, be aimed at clearly defined target groups (including service providers) and be addressed through professionally designed, large-scale communication components using multi-media and interpersonal strategies.

23. The widespread basic health care system also requires additional, carefully selected inputs to meet the needs of priority target populations. For example, adding a supplementary feeding component to the current nutrition activities would provide another safety net to deal with growth faltering before malnutrition sets in. In mobilizing, strengthening and expanding this infrastructure, activities could build on the monthly recurring contacts of UCI and growth monitoring. By improving the quality of pre-natal and post-natal contacts and services for the very young at the primary care level, and by strengthening the first referral level for emergency maternity care and the care of more complex pregnancies, it is possible to achieve high returns in terms of safer motherhood and young child survival and protection.

24. Many programmes tend to generate an overload of underused data, but remain chronically short of meaningful information on which to base decisions and action. Data analysis and interpretation, information feedback and the dissemination of findings and conclusions must be done with greater efficiency and effectiveness.

25. Community participation becomes a burden if a disproportionate contribution is demanded from the beneficiaries, as became clear in the village school construction project. The need to foster a greater sense of community responsibility for project operation, maintenance and repair was shown in the water supply and sanitation projects.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $25,000,000
Supplementary funds: $15,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	10 000	10 000	20 000
Water supply and environmental sanitation	7 500	5 000	12 500
Education and early childhood development	5 000	-	5 000
Communication, advocacy and statistics	1 250	-	1 250
Capacity-building and support services	1 250	-	1 250
Total	25 000	15 000	40 000

a/ The breakdown for estimated yearly expenditure is give in table 3.

b/ In addition, there are also funded supplementary funding projects in table 3.

Major features of the country programme

26. The country programme consists of five programmes: (a) health and nutrition; (b) water supply and environmental sanitation; (c) education and early childhood development; (d) communication, advocacy and statistics; and (e) capacity-building and support services.

27. Country programme implementation will be guided by six complementary strategies: (a) ongoing projects that are feasible and affordable and that have proven maximum impact will be implemented universally on a nation-wide basis with coverage of the whole eligible population; (b) convergent delivery of several conceptually linked interventions in selected areas; (c) implementation of selected projects in selected areas aimed at disparity reduction; (d) testing of innovative approaches to seek affordable, effective and acceptable interventions or approaches that could subsequently be scaled up; (e) strengthening systems support to achieve successful project implementation and to enhance the capacity of the administrative structure; and (f) demand creation through strengthening social marketing activities and improving programme support communication and training.

Health and nutrition

28. This programme consists of four projects: child survival; disparity reduction; innovative approaches; and systems development.

Child survival

29. This project will build on the UCI achievement and will be implemented in 209 townships covering 80 per cent of the country's population. It aims to reduce the incidence of UCI target diseases by 90 per cent through achieving and sustaining 90 per cent immunization coverage. This will pave the way to eliminate neonatal tetanus and eradicate poliomyelitis in Myanmar. Other targets are to achieve a 30 per cent reduction in deaths caused by lower respiratory tract infection among children under five years of age; to reduce by 50 per cent deaths resulting from diarrhoea among children under five years; to reduce low birth weight by 25 per cent; to reduce maternal deaths by at least 25 per cent; to control complicated primary tuberculosis among children under three years; to reduce anaemia in pregnant women by 15 per cent; to reduce the incidence of mild, moderate and severe malnutrition among children under three years by 15 per cent; and to ensure that at least 50 per cent of mothers and all pregnant women are aware of Facts for Life messages.

30. The project will benefit a total of around 7.2 million children under three years of age (including 2.1 million infants) and 2.4 million women in 209 townships. Without supplementary funds, the number of beneficiaries and the geographic coverage would remain the same, but the array of project services would be limited. Children and mothers in the country's remaining 109 townships (20 per cent of the country's population) will receive UCI services only as and when the security and logistical situation allows, and subject to availability of supplementary funds.

31. In townships that achieve 80 per cent vaccination coverage, additional child survival activities, provided by midwives and auxiliary midwives, will be introduced in phases to assure an increasingly comprehensive array of PHC services at the village level. Once 80 per cent UCI is achieved and sustained, townships will have some flexibility in deciding the health issue to be addressed next, whether diarrhoea, lower respiratory tract infection, birth spacing, pre-natal and post-natal care, malaria, vitamin A supplementation or improved access to health information through Facts for Life messages. The central recurring activity will be monthly growth monitoring, covering each child up to at least three years of age.

32. UNICEF will provide virtually all vaccines, growth charts and essential drugs for use at the village level for the first year of the country programme, but the Government will assume increasing financial responsibility for these inputs so that by 1995 UNICEF will have gradually phased out its routine assistance. UNICEF will also support the development, pre-testing and evaluation of training and communication materials, while the Government will provide the budget for all training activities.

Disparity reduction

33. Project activities aimed at disparity reduction include efforts: (a) to extend UCI coverage to 47 of the 109 townships where UCI is not yet operational (subject to the availability of supplementary funds) and to achieve at least 50 per cent coverage; (b) to administer appropriate treatment in at least 75 per cent of cases of suspected drug-resistant malaria among children under five years old in 15 townships; and (c) to achieve the virtual elimination of IDD by the year 2000. Implementation of these activities is subject to availability of supplementary funds.

34. In the 47 townships with major security and logistical problems selected for UCI implementation, mobile solar refrigerators will be used to overcome cold-chain problems and more appropriate outreach strategies will be adopted. UNICEF will provide cold-chain and vaccination equipment and supplies, vaccines and logistical support.

35. In the eastern regions of the Shan and Karen states, almost 40 per cent of all malaria cases involve strains of malaria that are resistant to ordinary drugs. Therefore, UNICEF will provide mefaloquine tablets to reduce malaria fatality. UNICEF will also promote environmental measures designed to control malaria through the use of mosquito nets and fish breeding, with a view to demonstrating the feasibility of these approaches.

36. The Government has decided to eliminate IDD in Myanmar by ensuring that iodated salt is used universally. To help achieve this, UNICEF will provide equipment to enable the major private salt producers to iodate all salt for human consumption. Appropriate approaches will be developed to ensure that the salt produced by small private farms will also be iodated. Meanwhile, UNICEF will provide iodated oil capsules for distribution in 22 townships where goitre prevalence is high.

Innovative approaches

37. Areas of exploration for future programming include identifying amylase-rich foods that can be easily produced at the household level and mixed with infant food; studying iron deficiency in a carefully randomized sample of different regions of the country; preparing, jointly with WHO, a proposal for the local production of iron folate tablets; assessing the feasibility of introducing a credit programme for rural women; finding ways of improving the nutritional and health status of adolescent girls; and formulating a strategy for enhancing public awareness related to acquired immunodeficiency syndrome (AIDS), in cooperation with WHO and the United Nations Development Programme (UNDP).

Systems development

38. Project activities aim to strengthen the capacity of the Ministry of Health and to assist the implementing agencies in achieving the objectives of the health and nutrition programme. These will be achieved specifically by developing a need-based drug supply system and improving the management of the central medical stores; enhancing the mobility of township medical officers and midwives; enlisting the co-operation of voluntary organizations; experimenting with mechanisms of community control over, and cost-sharing for, essential drugs, along the lines of the Bamako Initiative; and improving the management of health data.

Water supply and environmental sanitation

39. This programme consists of three projects: rural water supply; hand-pump manufacture; and environmental sanitation. Hygiene education is an integral part of water supply and sanitation interventions, which will be delivered in an integrated, convergent manner to complement facilities already in place.

Rural water supply

40. The objective of the project is to increase the percentage of the rural population with access to safe water from 30 per cent in 1990 to 41 per cent by 1995. Through a variety of water supply technologies such as shallow tube-wells with hand-pumps, deep tube-wells with hand-pumps and motorized pumps, solar pumps and gravity flow schemes, the project will benefit a total population of 4.6 million by 1995.

41. The government workshop, manufacturing suction-type shallow tube-wells with hand-pumps, is now able to produce about 1,000 pumps per year with the machinery and imported raw material provided by UNICEF. The project aims to expand capacity to 4,000 pumps per year by 1995, and to manufacture 14,800 pumps during the five-year period. Private hand-pump manufacturers will also be trained to produce the standardized Burma No. 1 hand-pump.

Environmental sanitation

42. Through the construction of 553,700 latrines, benefiting 3.3 million persons, the project aims to increase household latrine coverage from 34 per cent in 1990 to 41 per cent by 1995 in rural areas. In addition, 6,000 school latrines and 1,200 latrines in health institutions will also be built. Local production of these plastic latrine pans will be attempted, with selected local manufacturers receiving technical assistance and an initial supply of raw materials.

Early childhood development

43. The primary objective is to test new approaches towards a national programme for early childhood development with a focus on what more families themselves can do. This project will limit government responsibility to the training of child-care workers selected from among the mothers of child beneficiaries. Day-care activities staffed by volunteers will be started under this project, initially in 48 rural villages and urban wards in Yangon Division, with technical and supervisory support from the Department of Social Welfare and maintained by the communities. The programme is enhanced by the involvement of parents in establishing and operating the centres and the use of mother volunteers.

Primary education

44. The project has three objectives: (a) to formulate recommendations for a reform of vital aspects of the primary education system in Myanmar; (b) to develop and implement a system to assess children's progress in primary schools continuously rather than through end-of-year examinations; and (c) to disseminate new ideas and information through the mass mailing of an educational journal to all primary schools.

45. To achieve the objectives, diagnostic studies to assess vital aspects of primary education will be made, and study visits to selected Asian countries will be undertaken. These will culminate in December 1991 in a national seminar on primary education that will review a draft plan for reform of primary education prepared by a team of national and expatriate educators. Activities will be implemented in coordination with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNDP.

Non-formal education

46. The project aims at the development of a non-formal functional literacy programme for adult illiterates and out-of-school children and youth, as well as a programme of skills-based literacy to benefit out-of-school children and youth. Activities will be complementary in nature, with the basic learning packages to be developed for the functional literacy activities also providing the basis for the development of skills-based literacy courses. Alternative channels and extension systems will be utilized and tested for their appropriateness, as well as for their ability to mobilize participation. It

is expected that by mid-1993, both programmes will have been field-tested and enough experience gained to determine whether these activities could be implemented on a national scale.

Communication, advocacy and statistics

47. Under this programme, several government departments and UNICEF will collaborate in: (a) undertaking systematic and consistent advocacy efforts to ensure an adequate reflection of UNICEF global initiatives in national policies and plans; (b) professionalizing programme communication and training components; and (c) strengthening the decision-making process by making available selected social statistics and indicators on children and women.

Information and communication

48. This project aims to make planners and implementors more aware of the knowledge, attitude, practice and skills of field workers and community members. An analysis of the communication opportunities within existing service delivery systems will be made, with particular emphasis on front-line staff and volunteers. The contents of all programme communication will be increasingly standardized through the widest possible diffusion of Facts for Life messages.

Advocacy

49. UNICEF will continue to support activities aimed at promoting an understanding of the provisions of the Convention on the Rights of the Child and will work closely with the Government in carrying out studies on selected topics, such as working and abandoned children. Advocacy efforts will also continue on the need for adjustment with a human face and on children as a zone of peace. A biennial state of Myanmar's children report will be published from 1991.

Social statistics

50. Activities under this project aim at developing indicators to monitor national progress towards the achievement of the goals of the fourth United Nations development decade. As part of the process, the Central Statistical Organization will publish a statistical profile of children and women every two years, and also undertake a national sample survey each year. UNICEF will provide consultancy services to design national sample surveys, specifically to develop modules in areas of concern to children and women.

Capacity-building and support services

51. Activities under this programme will focus, on an experimental basis, on the domestic application of appropriate technology and research to assess the environmental impact of current behavioural patterns in different regions of the country. Activities to strengthen the capacities of volunteer organizations will be undertaken by training their members and officials. The training capacity of national trainers will be improved.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Myanmar (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	91	(1989)	High U5MR
Infant mortality rate	67	(1989)	High IMR
GNP per capita	$ 220	(1987)	Low GNP
Total population	41 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	1042	1176	1222	1218
Infant deaths (under 1)	(thousands)	109	100	92	82
Under-five deaths	(thousands)	151	139	127	111
Under-five mortality rate (per 1,000 live births)		145	118	104	91
Infant mortality rate (under 1) (per 1,000 live births)		105	85	75	67

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1983-1985)	Moderate & severe	..	38a/
	Severe	..	..
Babies with low birth weight (%, 1979/1983)		20	16*
Children completing primary level (% of first grade, 1980/1987)		..	33*

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1987)	90/ 90/ 90	../../ 94*
Prevalence of wasting (%, 1980/1983-1985)	48	17
Prevalence of stunting (%, 1980/1983-1985)	..	75b/
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)	108	119
Food production per capita index (Index 1979-1981=100, 1980/1989)	99	120
Household expenditure (% of total income, 1980-1985)	All food/cereals	../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			21
Access to health services	Total	50	33
(% of population, 1980/1986)	Urban/rural	100/ 31	100/ 11
Access to safe water	Total	21	32*
(% of population, 1980/1988)	Urban/rural	38/ 15	38*/ 30*
Access to adequate sanitation	Total	21	29*
(% of population, 1980/1988)	Urban/rural	38/ 15	35*/ 27*
Births attended by trained personnel (%, 1980/1988)		..	25
Maternal mortality rate (per 100,000 live births, 1979/1985)		..	140

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	15	22	37	66
	DPT	5	8	28	50
	Polio	..	1	22	45
	Measles	..	..	25	50
Pregnant women (%) immunized against	Tetanus	6	13	22	42

TABLE 1 (continued)

Myanmar

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	91/ ..	103/ ..
(%, 1980/1987)	Male	../ ..	106/ ..
	Female	../ ..	100/ ..
Secondary enrolment ratio (gross/net)	Total	22/ ..	24/ ..
(%, 1980/1987)	Male	../ ..	25/ ..
	Female	../ ..	23/ ..
Adult literacy rate, 15 years & older	Total	71	78
(%, 1970/1985)	Male/female	85/ 57	88/ 69
Radio/television sets			
(per 1,000 population, 1980/1988)		../1	79/2

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	27.1	33.8	37.5	40.8	51.1
Population aged 0-15 years	(millions)	..	14.1	15.6	16.3	18.9
Population aged 0-4 years	(millions)	..	4.8	5.3	5.5	6.4
Urban population (% of total)		23	24	24	25	28
Life expectancy at birth	Total	51	56	59	61	66
(years)	Male	50	55	57	59	64
	Female	53	58	61	63	68
Total fertility rate		5.6	4.8	4.3	3.8	3.2
Crude birth rate (per 1,000 population)		38	35	32	30	26
Crude death rate (per 1,000 population)		15	12	10	9	7

		About 1980	Most recent
Contraceptive prevalence rate		5	..
(%, 1980/1987)			
Population annual growth rate	Total	2.3	2.1
(%, 1965-1980/1980-1989)	Urban	2.8	2.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		1.6	..
(%, 1965-1980/1980-1988)			
Inflation rate (%, 1965-1980/1980-1988)		9	3
Population in absolute poverty	Urban/rural	40 / 40	../ ..
(%, 1978/1988)			
Household income share	Top 20%/bottom 40%	../..	../ ..
(%, 1977/1988)			
Government expenditure	Health/education	5/ 11	8/ 12
(% of total expenditure, 1980/1987)	Defence	22	19
Household expenditure	Health/education		../..
(% of total income, 1980-1985)			
Official development assistance:	$US millions	309	451
(1980/1988)	As % of GNP	5	4
Debt service			
(% of goods & services exports, 1980/1988)		20	22

a/ Aged 0-36 months.

b/ Aged 24-35 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1987-1990

(In thousands of United States dollars)

COUNTRY: MYANMAR
LATEST BOARD APPROVAL: 1987
GENERAL RESOURCES: $20,000,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	4828	1877	1209				761	76	6798	1953	8751
Water supply and sanitation	3741	3460		10	915	1	690	15	5346	3486	8832
Nutrition	603	1380	16	20			87	14	706	1414	2120
Education	1206	64	3		204		524	3	1937	67	2004
Community organization and development	35		5				65		105		105
Young child development	2						1		3		3
Women-centred programme	108	14			26		70		204	14	218
Emergency	705	997						610	705	1607	2312
Planning and project support	860	4	33		791	7	317	25	2001	36	2037
Freight	1067	456							1067	456	1523
GRAND TOTAL	13155	8252	1266	30	1936	8	2515	743	18872	9033	27905

GR = General resources.
FSF = Funded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: MYANMAR Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	2000	2000	2000	2000	2000	10000
	FSF	435					435
	NSF		2200	3680	2400	1720	10000
	USF	1182	365				1547
Water supply and sanitation	GR	1500	1500	1500	1500	1500	7500
	FSF	339	188				527
	NSF	557	999	1209	1220	1015	5000
Education and early child development	GR	1000	1000	1000	1000	1000	5000
Social mobilization and advocacy	GR	250	250	250	250	250	1250
Planning and social statistics	GR	250	250	250	250	250	1250
TOTAL	GR	5000	5000	5000	5000	5000	25000
	FSF	774	188				962
	NSF	557	3199	4889	3620	2735	15000
	USF	1182	365				1547
GRAND TOTAL		7513	8752	9889	8620	7735	42509

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
USF = Unfunded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: MYANMAR	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	4	1239416
Local national Professional and General Service established posts	38	918599
Operating costs		732497
Total	42	2890512
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	5	1084000
Supplementary funds	1	226000
Local national Professional and General Service project posts		
General resources	18	429000
Supplementary funds		
Total	24	1739000

a/ For information source, see 1992 post authorization table, dated January 1991.